



APPLICATION ENHANCED STAR

School Tax Relief Program
For the 2017/2018 Property Tax Year
(December 2017 - November 2018)

FOR OFFICE USE ONLY:				NEW	<input type="checkbox"/>
PB 2/29/2020	<input type="checkbox"/>	PE IVP	<input type="checkbox"/>		
PE TRAD	<input type="checkbox"/>	P467	<input type="checkbox"/>		

Name and tax billing address of owner(s)

Legal address of owner(s)

LOCATION OF PROPERTY

Street Address

School District

Post Office

Daytime Telephone Number(s)

Property tax map number:

Income Verification Program (IVP) YOU MUST FILE N.Y.S INCOME TAX RETURN TO PARTICIPATE

I authorize the NY State Department Of Taxation and Finance to verify my income taxes annually beginning in 2018.

Social Security #	_____	Social Security #	_____
	Owner		Spouse
	_____		_____
	Signature		Signature

Age and Income requirements for ENHANCED STAR (circle YES or NO):

1. Are all owners at least 65 years of age as of December 31, 2017, or if the property is owned by a husband, wife or siblings, is one spouse or one sibling at least 65 years of age as of December 31, 2017? **YES** **NO**

2. Is the total annual income of all owners and any owners' spouses or in the case of sibling co-owners residing on the property \$86,000 or less? (See definition of income for ENHANCED STAR purposes on Instruction Sheet): **YES** **NO**

If the answer to both question 1 and 2 is yes, all owners, including non- resident owners, must attach the 2015 Federal or State Income Tax return- both front and signed back page. (Tax schedules and tax form attachments are not required)

Caution: Anyone who misrepresents his or her primary residence, age or income may be subject to a \$100 penalty, may be prohibited from receiving the STAR exemption for five years, and may be subject to criminal prosecution.

I (we) certify that all the above information is correct and that the property listed above is owned by and is my (our) primary residence.
I (we) understand it is my (our) obligation to notify the assessor if (we) relocate to another primary residence and to provide any documentation of eligibility that is requested.

Sign and date

_____ **date**

_____ **date**



REQUEST FOR MAILING OF NOTICE TO A THIRD PARTY REGARDING ENHANCED STAR EXEMPTION

INSTRUCTIONS: A senior citizen eligible for the *ENHANCED STAR* exemption may use this form to request that a notice be sent to an adult third party to assist the senior citizen fulfill the eligibility requirements regarding *ENHANCED STAR*.

This form must be submitted to the ASSESSORS OFFICE no later than March 1, 2017

THIS SECTION TO BE COMPLETED BY RECIPIENT OF ENHANCED STAR EXEMPTION		
1.	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="text-align: center;">Your Name</div>	
2.	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="text-align: center;">Mailing Address</div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-top: 5px;"></div> <div style="display: flex; justify-content: space-between; padding: 0 10px;"> City State Zip Code </div>	
3.	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="text-align: center;">TAX MAP #</div>	
<p>I request that a notice be mailed to the person whom I have designated below. In making this request I understand that no state or local government employee has any liability for any reason the notice is not mailed to or not received by my designee.</p>		
4.	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="text-align: center;">Signature</div>	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="text-align: center;">Date</div>

THIS SECTION TO BE COMPLETED BY THIRD PARTY		
1.	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="text-align: center;">Third Party Name</div>	
2.	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="text-align: center;">Mailing Address</div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-top: 5px;"></div> <div style="display: flex; justify-content: space-between; padding: 0 10px;"> City State Zip Code </div>	
3.	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="text-align: center;">Day Telephone No.</div>	
<p>I consent to the designation provided by this form.</p>		
4.	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="text-align: center;">Third Party Signature</div>	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="text-align: center;">Date</div>